

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FIRST-NAMED INVENTOR OR Michael Ellenbogen
APPLICATION IDENTIFIER:

FOR: SYSTEM AND METHOD FOR CT SCANNING OF BAGGAGE

January 23, 2004
Boston, Massachusetts

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR FILING A NEW NONPROVISIONAL APPLICATION
UNDER 37 C.F.R. §1.53(b)

1. This is a request for filing a new nonprovisional application under 37 C.F.R. §1.53(b). This application claims priority to provisional application U.S.S.N. 60/442,246, filed January 23, 2003, which is incorporated by reference in its entirety.
2. ☒ Specification and Drawings (Total pages: 32);
Specification (17 pages); Claims (4 pages); Abstract (1 page); and
Drawings: 10 sheets; FIGS. 1-12.
☐ Formal
☒ Informal
3. ☒ Declaration and Power of Attorney
☒ Unsigned
☐ Signed
4. ☐ Information Disclosure Statement (IDS)
☐ Copy of IDS and PTO-1449 (___ pages)
☐ Copies of references cited
5. ☐ Assignment Papers
☐ Recordation Form Cover Sheet (PTO-1595)
☐ Assignment Document
6. ☐ Statement Claiming Small Entity Status
☐ Claiming Small Entity As Independent Inventor (37 C.F.R. §§1.9(f) & 1.27(b)).
☐ Claiming Small Entity As Small Business Concern (37 C.F.R. §§1.9(f) & 1.27(c)).
☐ Claiming Small Entity As Nonprofit Organization (37 C.F.R. §§1.9(f) & 1.27(d)).

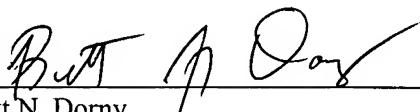


FIRST-NAMED INVENTOR OR
APPLICATION IDENTIFIER: Michael Ellenbogen
Request for New Nonprovisional Application (37 C.F.R. §1.53(b))

7. Fee Calculation

| CLAIMS AS FILED | | | | | |
|--|-----------------|------------------------|-----------------|--|--|
| Claims | Number Filed | Basic Fee Allowance | Number Extra | Rate | Basic Fee 37 C.F.R. 1.16(a) \$770.00 |
| Total Claims (37 C.F.R. 1.16(c)) | 17 | - 20 = | | \$ 18.00 | 0.00 |
| Independent Claims (37 C.F.R. 1.16(b)) | 3 | - 3 = | | \$86.00 | 0.00 |
| Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d)) | | | | \$290.00 | 0.00 |
| | | | | SUBTOTAL: | \$770.00 |
| | | | | Reduction by 50% for filing by small entity: | - \$385.00 |
| | | | | TOTAL FEE: | \$385.00 |

8. ☒ A check in the amount of \$385.00 is enclosed.
9. ☐ The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50-0311, Ref. No. 27632-011:
- ☐ Fees required under 37 C.F.R. §1.16;
- ☐ Fees required under 37 C.F.R. §1.17;
- ☐ Fees required under 37 C.F.R. §1.18.
10. ☒ Return Receipt Postcard Enclosed.
11. ☐ Other Documents Enclosed:
- ☐ Change of Attorney Address In Application.


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Attorneys for Applicant

Date: January 23, 2004

Please refer all correspondence to Customer Number 30623.

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